



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

: Confirmation No. 9174

Tatsuya NISHIMURA et al.

: Docket No. 2001\_1110A

Serial No. 09/890,871

: Group Art Unit 1742

Filed August 7, 2001

: Examiner H. Wilkins

HYDROTHERMAL ELECTROLYTIC  
APPARATUS AND PROCESSES

10/13  
RECEIVED  
JUL 14 2003  
TC 1700

AMENDMENT

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action mailed April 10, 2003, please amend the above-identified application as follows:

07/11/2003 MDAMTE1 00000056 09890871

01 FC:1202 36.00 OP  
02 FC:1201 84.00 OP

\$ 1742



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PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$120.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter  
Excess of Twenty ..... \$36.00  
Independent ..... \$84.00  
Multiple Dependent Fee ..... \$

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

*The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.*

Respectfully submitted,

Tatsuya NISHIMURA et al.  
By Joseph M. Gorski  
Joseph M. Gorski  
Registration No. 46,500  
Attorney for Applicants

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July 10, 2003

[Check No. 56588]  
2001\_1110A



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**ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): 2 x	(\$ 9 = \$)	or	(\$18 = \$36)
Indep. Claims exceeding 3 (not already paid for): 1 x	(\$42 = \$)	or	(\$84 = \$84)
[ ] Multiple Dep. Claim(s) (if there previously were none): +	(\$140 = \$)	or	(\$280 = \$)
Total Additional Fee =	\$	or	<u>\$120</u>

- [ ] Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
- [ ] is enclosed or
- [ ] has been previously submitted.

- [X] A check in the amount of \$120 is enclosed.

- [] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Tatsuya NISHIMURA et al.

By



Joseph M. Gorski  
Registration No. 46,500  
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July 10, 2003